


LOUISIANA MEDICAID PROGRAM
Renewal Form

Renewal Month: _____
CSLD/WKR: _____

Return by:

Use this form to renew Medicaid coverage. If you do not renew, Medicaid services will end. After we get the information from you, we will let you know if you and/or your family still qualify.


How to renew.

1. Fill out and sign this form to renew by mail or call your worker to renew by phone.
2. Start getting the documents of proof. Look for the picture of a mailbox  next to each document we need. If you need **more time** to get any proofs, let us know right away.
3. Send this renewal form and the proofs you already have right away, so we can start working to see if you and/or your family qualify. Bring or fax the renewal form and proofs to us or mail them in the envelope that came with this form.
4. When you get the rest of the proofs, send or bring them to us. If you need the address or fax number to your closest Medicaid office, call 1-888-342-6207, TTY: 1-800-220-5404. These are free calls.

What language do you speak best? ☐ English ☐ Spanish ☐ Vietnamese ☐ Other _____
What language do you write best? ☐ English ☐ Spanish ☐ Vietnamese ☐ Other _____

1. Tell us about you (the person getting Medicaid).

Name (first, middle initial, last) _____ ☐ Male ☐ Female
Your Maiden Name _____
Social Security Number _____ Date of Birth (month, day, year) _____
Race/Ethnic Background (you do not have to answer; mark one or more): ☐ White ☐ Black ☐ Asian
☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Hispanic or Latino
Where were you born? City _____ Parish/County _____
State _____ Country _____
Mother’s Name (first, middle initial, last) _____
Mother’s Maiden Name _____

 If you are not a U.S. citizen, send proof of your immigration status and answer the next questions.


If you are not a U.S. citizen, when did you arrive in the U.S.? _____
What is your INS Residence Card Number? _____

2. Tell us how to reach you.

Mailing Address _____
City _____ State _____ Zip _____
Home Address (if different) _____
City _____ State _____ Zip _____
Parish You Live In _____ Daytime Phone (_____) _____
Cell Phone (_____) _____ Message Phone (_____) _____
E-mail Address _____
Best Day and/or Time to Call Between Hours of 7 a.m. and 5 p.m. _____

If you are temporarily living in another state, do you plan to return to live in Louisiana? ☐ Yes ☐ No

If you have questions or need help with this form, call your worker or Medicaid at
1-888-342-6207; TTY: 1-800-220-5404.
THESE CALLS ARE FREE.

3. **Tell us about the people living with you.** ☐ No One Lives with Me – Go to Question 4
Tell us about spouses, children under age 19, and parents of the children.  If anyone getting Medicaid is not a U.S. citizen, send proof of their immigration status. For more space, use a separate sheet of paper.

A. Name (first, middle initial, last) _____ ☐ Male ☐ Female
Date of Birth (month, day, year) _____ Social Security Number _____
Relationship to You: ☐ Spouse ☐ Child ☐ Stepchild ☐ Other: _____

Race/Ethnic Background (you do not have to answer, mark one or more): ☐ White ☐ Black ☐ Asian
☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Hispanic or Latino

Does this person get Medicaid? ☐ Yes ☐ No If **yes**, answer the next questions. If **no**, go to **B**.
Place of Birth: City _____ Parish/County _____ State _____ Country _____
Mother’s Name (first, middle initial, last) _____
Mother’s Maiden Name _____
Does this person live in Louisiana? ☐ Yes ☐ No
If they are temporarily living in another state, do they plan to return to live in Louisiana? ☐ Yes ☐ No
If not a U.S. citizen, U.S. arrival date? _____ INS Residence Card Number _____

B. Name (first, middle initial, last) _____ ☐ Male ☐ Female
Date of Birth (month, day, year) _____ Social Security Number _____
Relationship to You: ☐ Spouse ☐ Child ☐ Stepchild ☐ Other: _____

Race/Ethnic Background (you do not have to answer, mark one or more): ☐ White ☐ Black ☐ Asian
☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Hispanic or Latino

Does this person get Medicaid? ☐ Yes ☐ No If **yes**, answer the next questions. If **no**, go to **C**.
Place of Birth: City _____ Parish/County _____ State _____ Country _____
Mother’s Name (first, middle initial, last) _____
Mother’s Maiden Name _____
Does this person live in Louisiana? ☐ Yes ☐ No
If they are temporarily living in another state, do they plan to return to live in Louisiana? ☐ Yes ☐ No
If not a U.S. citizen, U.S. arrival date? _____ INS Residence Card Number _____

C. Name (first, middle initial, last) _____ ☐ Male ☐ Female
Date of Birth (month, day, year) _____ Social Security Number _____
Relationship to You: ☐ Spouse ☐ Child ☐ Stepchild ☐ Other: _____

Race/Ethnic Background (you do not have to answer, mark one or more): ☐ White ☐ Black ☐ Asian
☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Hispanic or Latino

Does this person get Medicaid? ☐ Yes ☐ No If **yes**, answer the next questions. If **no**, go to **D**.
Place of Birth: City _____ Parish/County _____ State _____ Country _____
Mother’s Name (first, middle initial, last) _____
Mother’s Maiden Name _____
Does this person live in Louisiana? ☐ Yes ☐ No
If they are temporarily living in another state, do they plan to return to live in Louisiana? ☐ Yes ☐ No
If not a U.S. citizen, U.S. arrival date? _____ INS Residence Card Number _____

D. Name (first, middle initial, last) _____ ☐ Male ☐ Female
Date of Birth (month, day, year) _____ Social Security Number _____
Relationship to You: ☐ Spouse ☐ Child ☐ Stepchild ☐ Other: _____

Race/Ethnic Background (you do not have to answer, mark one or more): ☐ White ☐ Black ☐ Asian
☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Hispanic or Latino

Does this person get Medicaid? ☐ Yes ☐ No If **yes**, answer the next questions.

Place of Birth: City _____ Parish/County _____ State _____ Country _____
Mother’s Name (first, middle initial, last) _____
Mother’s Maiden Name _____
Does this person live in Louisiana? ☐ Yes ☐ No
If they are temporarily living in another state, do they plan to return to live in Louisiana? ☐ Yes ☐ No

4. Does anyone getting Medicaid have a deceased spouse? ☐ Yes – Fill Out Below ☐ No – Go to Question 5

Who has a deceased spouse? _____
Tell us about the deceased spouse. *If more space is needed, use a separate sheet of paper.*
Name _____ Social Security Number _____
Date of Birth _____ Date of Death _____
Veteran? ☐ Yes ☐ No Railroad Retirement Number _____

5. Does anyone getting Medicaid now have a disability? ☐ Yes – Fill Out Below ☐ No – Go to Question 6 *If you need more space, use a separate sheet of paper.*

Person #1:
Who has a disability? _____ When did it start? _____
Tell us about the disability. _____

Tell us the doctors or hospitals that give care to this person.
Name _____ Address and Phone _____
Name _____ Address and Phone _____
Name _____ Address and Phone _____
Name _____ Address and Phone _____
Name _____ Address and Phone _____

Person #2:
Who has a disability? _____ When did it start? _____
Tell us about the disability. _____

Tell us the doctors or hospitals that give care to this person.
Name _____ Address and Phone _____
Name _____ Address and Phone _____
Name _____ Address and Phone _____
Name _____ Address and Phone _____
Name _____ Address and Phone _____



6. If anyone who gets Medicaid is pregnant, tell us about the pregnancy.

Best guess of the due date. _____ Is more than one baby expected? ☐ Yes ☐ No
If they have been to a doctor or clinic for their pregnancy, tell us the name of the doctor and/or clinic. _____

7. If anyone who gets Medicaid applied for Social Security Disability or Supplemental Security Income (SSI) benefits in the last 12 months, tell us about it.

Who applied? _____ Has a decision been made? ☐ Yes ☐ No
If yes, what was the decision? _____

8. Is anyone working? ☐ Yes – Fill Out Below ☐ No – Go to Question 9


 *Send copies of pay check stubs or other proof of earnings for last month.*  *If someone is self-employed, send copies of the most recent federal tax form with **all** schedule attachments, or other proof if you do not have tax forms.*

Name of Working Person	Employer's Name	How much is paid (show gross, not take home pay)? \$ _____ How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly	Is insurance offered through this job? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer's Phone Number		
	<input type="checkbox"/> Self-employed		
Name of Working Person	Employer's Name	How much is paid (show gross, not take home pay)? \$ _____ How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly	Is insurance offered through this job? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer's Phone Number		
	<input type="checkbox"/> Self-employed		

9. Does anyone get income (money) from:

- Social Security • SSI • Child Support • Alimony • Money from Friends/Relatives
- Worker's Comp • Unemployment • Veteran's Benefits • Retirement • Railroad Retirement
- Dividends • Royalties • Annuities • Rent from Property Owned • Other

☐ Yes – Fill Out Below ☐ No – Go to Question 10


 *Send proof of the income. You do not have to send proof of Social Security, SSI or Unemployment, unless Unemployment is from another state. You do not have to send proof of child support if you get it through Louisiana Support Enforcement Services (SES) -- let us know.*

Name of Person Getting Money	Type of Income	How much is paid? \$ _____	For Veteran's benefits or Railroad Retirement, tell us the claim number.
		How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly	
Name of Person Getting Money	Type of Income	How much is paid? \$ _____	For Veteran's benefits or Railroad Retirement, tell us the claim number.
		How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly	
Name of Person Getting Money	Type of Income	How much is paid? \$ _____	For Veteran's benefits or Railroad Retirement, tell us the claim number.
		How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly	

10. Has anyone applied for income such as Social Security or Veteran's benefits, but they did not get it, yet? ☐ Yes – Fill Out Below ☐ No – Go to Question 11

Who? _____
What is it? _____

11. Tell us about anyone having any of the things listed below.

 *Send proof of it to show what it is worth and/or you or they own it. If there is no proof, let us know.*

A checking account? ☐ Yes ☐ No

If yes, who does it belong to? _____
What is the account number(s)? _____

How much is in the account(s)? _____

What is the name of the bank? _____

A savings account? ☐ Yes ☐ No

If yes, who does it belong to? _____

What is the account number(s)? _____

How much is in the account(s)? _____

What is the name of the bank? _____

A certificate of deposit (CD)? ☐ Yes ☐ No

If yes, who does it belong to? _____

What is the account number(s)? _____

How much is it worth? _____

What is the name of the bank? _____

Bonds and/or stocks? ☐ Yes ☐ No

If yes, who does it belong to? _____

If it is a bond(s), what type is it? _____

Bond Number(s) _____

What is the bond(s) worth? _____

How much is the stock(s) worth? _____

What is the name of the company? _____

Annuities and/or retirement accounts? ☐ Yes ☐ No

If yes, who does it belong to? _____

Account Number(s) _____

How much is in the account(s)? _____

Are regular payments being received? ☐ Yes ☐ No

If **yes**, how much? \$ _____ How often? _____

If **no**, are such payments available? ☐ Yes ☐ No

Can a lump-sum withdrawal of these funds be made? ☐ Yes ☐ No

IRA and/or Keogh accounts? ☐ Yes ☐ No

If yes, who does it belong to? _____

Name(s) on the Account _____

Name of the Bank _____

Account Number(s) _____

How much is in the account(s)? _____

Safety Deposit Box(es)? ☐ Yes ☐ No

If yes, who does it belong to? _____

Name of the Bank _____

What is inside the box? _____

What are the things inside the box worth? _____

Cars, trucks, boats, campers, motorcycles, ATVs? ☐ Yes ☐ No

If yes, how many does the household have? _____

Who owns them? _____

What are the makes, models, and years? _____

How much is each worth? _____

How much is owed on each? _____

Life or burial insurance? ☐ Yes ☐ No

If yes, who has insurance? _____

Who owns the policy or policies? _____

Tell us how much each policy is for (face value). _____

What are the policy numbers? _____

What are the names of the insurance companies? _____

A bank account for burial, or a pre-need burial contract with a funeral home? ☐ Yes ☐ No

If yes, who does it belong to? _____

How much is it worth? _____

What is the name of the bank or company? _____

If a pre-need burial contract, how was it funded (paid for)? ☐ Cash ☐ Life Insurance ☐ Both

Is the pre-need paid in full? ☐ Yes ☐ No

Can the pre-need be canceled or revoked? ☐ Yes ☐ No

Home property? ☐ Yes ☐ No

If yes, who does it belong to? _____

How much is it worth? _____

Tell us about it (location, lot size, number of acres). _____

Property, other than your home, like another house, land or out of state property? ☐ Yes ☐ No

If yes, who does it belong to? _____

How much is it worth? _____

Tell us about it (location, lot size, number of acres, buildings on it). _____

Anything else? ☐ Yes ☐ No

If yes, who does it belong to? _____

What is it? _____

How much is it worth? _____

Tell us about it. _____

12. Has anyone who gets Medicaid ever created a trust, placed any items in trust, or has a trust set up for them? ☐ Yes – Fill Out Below ☐ No – Go to Question 13

 *Send a copy of the trust.*

Tell us the date the trust was created. _____

Can the trust be revoked or canceled? ☐ Yes ☐ No

Was the trust set up by a Last Will and Testament? ☐ Yes ☐ No

Was the trust set up for a disabled person under age 65? ☐ Yes ☐ No

Who created the trust? _____

Whose property or money was used to set up this trust? _____

Tell us what is in the trust. _____

Who gets income from the trust? _____

Who is the principal or main person getting income from the trust? _____

Who is the trustee? _____

13. If anyone who gets Medicaid has private health insurance, answer the questions below.

☐ No Insurance - Go to Question 14

 *Send copies of the front and back of all insurance cards. If there is a second insurance, use another sheet of paper.*

Tell us who is covered. _____

Policyholder's Name _____ Coverage Start Date _____

Insurance Company Name and Phone Number _____

Insurance Company Address _____

Policy Number _____ Group Number _____

What does it cover? ☐ Hospital ☐ Doctor ☐ Medicine ☐ Dental ☐ Ambulance ☐ Pregnancy

Is the insurance through a job? ☐ Yes ☐ No If **yes**, how much does it cost every month? _____

➔ *If insurance is through a job, Medicaid may be able to help pay the premiums through the LaHIPP program. Call 1-866-362-5253 or visit www.LaHIPP.DHH.Louisiana.gov for more information.*

14. If those getting Medicaid do not have health insurance, could they get it under someone else's policy? ☐ Yes – Fill Out Below ☐ No – Go to Question 15


Tell us under whose policy. _____ Their Phone Number (_____) _____

15. Does anyone getting Medicaid have Medicare? ☐ Yes – Fill Out Below ☐ No – Go to Question 16

Name _____ Claim Number (on Medicare card) _____

Name _____ Claim Number (on Medicare card) _____

16. Does anyone pay for child care or care for an adult with a disability in order to work or get training? ☐ Yes – Fill Out Below ☐ No – Go to Question 17

 *Send proof of the payments if you want us to give you credit. This expense will lower the amount of income we count and may help those who get Medicaid to keep getting it.*

Name of Child(ren) or Adult Who Gets the Care _____

Who pays for the care? _____

How much is paid? _____ How often paid? _____


Do you or they get help with paying it from anyone or another program? ☐ Yes ☐ No How much? _____

Name of Day Care Center or Caregiver _____

Day Care Center or Caregiver's Phone Number (_____) _____

Day Care Center or Caregiver's Address _____ City _____

17. Does anyone pay court ordered child support or alimony? ☐ Yes – Fill Out Below ☐ No – Sign Form Below

 *Send a copy of the court order and proof of the payments if you want us to give you credit. This expense will lower the amount of income we count and may help those who get Medicaid to keep getting it. If it is paid through Louisiana Support Enforcement Services (SES), you **do not** have to send proof -- let us know.*

Name of Person in Your Home Who Pays It _____

How much is paid? _____ How often paid? _____

This is the end of the renewal form. Please sign below.



Sign Your Name Here: _____ **Date** _____

Spouse Signs Here (if getting Medicaid): _____ **Date** _____

If someone from Medicaid filled out this form for you, they will sign below.

_____ **Date** _____

Please use the envelope that came with this renewal form to mail the signed renewal form and documents of proof you already have. Thank you.

✓ Before you send this renewal form, please check the following:

➔ Remember, you do not have to have all proofs when you send the renewal form. You can send the rest, later. We will send you a letter and give you at least 10 days to send in any missing proofs.

- ☐ I signed and dated this form.
- ☐ I answered all questions and filled out all parts of this form.
- ☐ For anyone who is not a U.S. citizen, I am sending/will send proof of immigration status.
- ☐ I am sending/will send a copy of both sides of all health insurance cards.
- ☐ I am sending/will send proof of income for all persons listed on this application.
- ☐ I am sending/will send proof of child/adult care payments.
- ☐ I am sending/will send the court order and proof of child support and alimony payments.
- ☐ I am sending/will send proof of things that are owned.
- ☐ I am sending/will send a copy of any trust documents.